

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09783352</b>	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>	3	↓	↓	↓	↓	↓	<b>TOTAL IND.</b>	↓	↓	↓	↓	↓	↓
<b>TOTAL DEP.</b>	7	↓	↓	↓	↓	↓	<b>TOTAL DEP.</b>	↓	↓	↓	↓	↓	↓
<b>TOTAL CLAIMS</b>	10						<b>TOTAL CLAIMS</b>						